


UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO		(Boise)	PROOF OF CLAIM
Name of Debtor: Lindsey, Gerald		Case Number: 0321652-TLM Chapter: 13 Trustee Name: Barry Zimmerman	
SSN: 519-30-8816			
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Sherman Acquisition LP.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Resurgent Capital Services P. O. Box 10587 Greenville, SC 29603-0587		THIS SPACE IS FOR COURT USE ONLY	
Telephone No. (864) 235-7336			
Account or other number by which creditor identifies debtor: 5424180164828870		Check here <input type="checkbox"/> replaces if this claim: <input type="checkbox"/> amends a previously filed claim, dated	
1. BASIS FOR CLAIM: <input type="checkbox"/> Good sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other UNSECURED CHARGE OFF			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C § 1114 (a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)			
2. DATE DEBT WAS INCURRED:		3. IF COURT JUDGEMENT, DATE OBTAINED:	
4. Total Amount of Claim at Time Case Filed: \$411.92 If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral: \$ Amount of arrearage and other charges at time case filed included in secured claim, if any \$		6. UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a) (3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a) (4). <input type="checkbox"/> Up to \$ 1,800* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a) (6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. § 507 (a) (7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a) (8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) (). <i>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach summary. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			THIS SPACE FOR COURT USE ONLY
Date: 12/02/2003 Sign and print name and title of the creditor or other person authorized to file this claim <div style="text-align: center;">  Joyce Montjoy, Recovery Manager of Resurgent Capital Services </div>			

**UNSECURED PROOF OF CLAIM
ACCOUNT DETAIL**

BANKRUPTCY CASE NO. 0321652-TLM
ACCOUNT NO. 5424180164828870

BORROWER INFORMATION

BORROWER NAME: Lindsey;Gerald
SSN: 519-30-8816
STREET ADDRESS: Hc 1 Box 109a
CITY, STATE ZIP White Bird, ID 835549709

CREDITOR INFORMATION

Sherman Acquisition LP
C/O RESURGENT CAPITAL SERVICES INC.
P.O. BOX 10587
GREENVILLE, SC 29603

PREVIOUS CREDITOR: Citibank N.A.
ALTERNATE CREDITOR NAMES:

ACCOUNT INFORMATION

PRODUCT: UNSECURED CHARGE OFF
INTEREST RATE:
CHARGE-OFF DATE:

TOTAL AMOUNT DUE: \$411.92